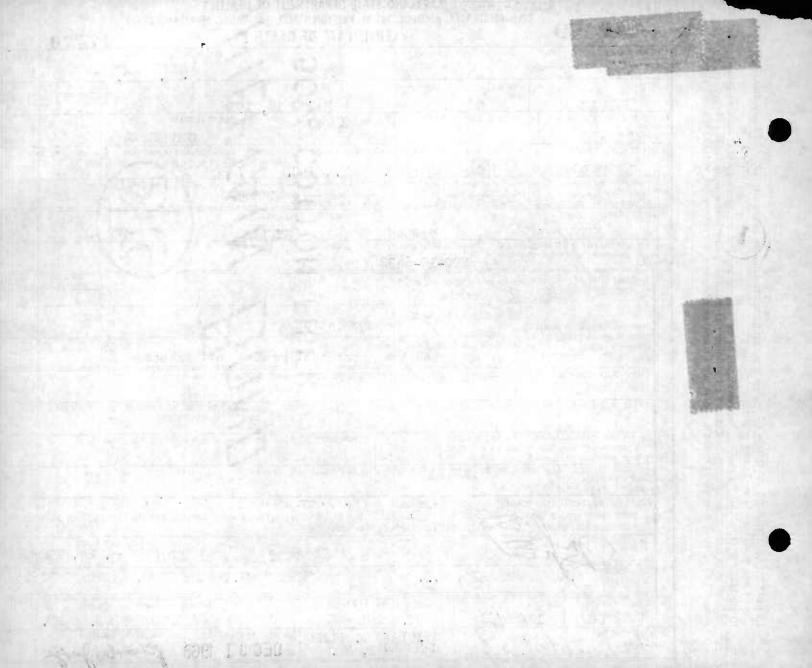
MAKYLAND STATE DEPARTMENT OF HEALTH

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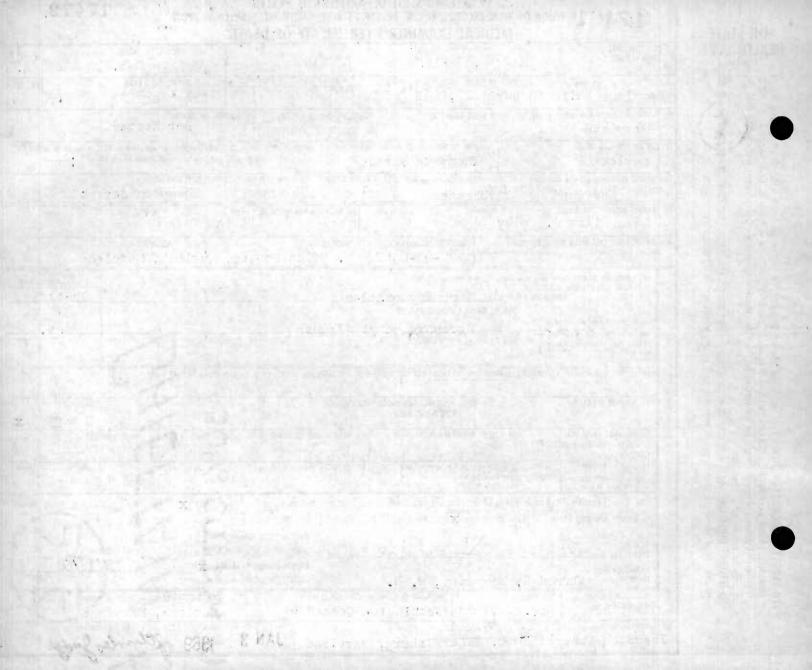
6 1		Item23 FilmGL08 MARYLAND STATE DEPARTMENT OF HEALTH /6/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	7/	17458 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1746	9
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day OF ESTI- DEATH MATED Dec 2	8 19 68 M
deloy	3. SI M a	SEX 4. RACE 5. DATE OF BIRTH June 25, 1949 6. AGE (In years lef under 1 year lef under 24 Hrs. left unde	Year 68 2d. Hour
form Party P		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DOTCHESTER	Mo
hin 24 hours after death nati in Item 18. Give Pages niner's Office alang with for pages I and 2 with the State, hours after death.			KIND OF BUSINESS OR STRY Sphalt
hours after death ltem 18. Give Pag Office along with alond 2 with the Stater death.	130.	odmission) STATMaryland 13b. COUNTY Dorchester Vienna 13d. INSIDE CITY LIMITS? YES X NO 13d. INSIDE CITY LIMITS? YES X NO 13d. INSIDE CITY LIMITS? YES X NO 13d. INSIDE CITY LIMITS?	
24 hours in Item 18 r's Office es 1 and 2 v	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Hursel Beckett Letha Osburne	Lost
		. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT LeCompte Funeral Service records	
xecuted will digg in he will be will be will be within 72 the within 72		2 (12)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 50 Mins.
be e "per nief A nief A nief A nief A		8/2 / DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), (b) Skull Fracture	u
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
0 0 0	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fo fo	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
ifico ifico d be d be ald k	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	lision.
Sara Sara	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.) Highway 21f. LOCATION Street ar R.F.D. Na. City or Town Col Elliott's Island Rd. Vienna,	Dor. Md.
ICAL EXA			and in my opinion
DEPUTY DICAL EXAM sessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to buriol, crem		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
TY Slid		ACTUAL SIGNATURE MEDICAL EXAMINER 22b. DATE SIGNE	
necessary, p the funeral 5 may be re ro FUNERAL Health prior		EXAMINER'S NAME (Type) John Mace Jr. M.D. DEPUTY MEDICAL EXAMINER (In 12/30/6 ADDRESS(Street, city, town, or county) Cambridge	
TO DI nece the 5 m 70 FU Heal	23a.	o. BURIAX CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour Burial 1/1/69 Osburne Cemetery Wayne County, Wes-	nty) (State)
	-	. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TURE _
VR A15ME (5)	Te	eCompte Funeral Service, Cambridge, Maryland DATE JAN 2 1969 Action	a Judge

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	death	ding physician and campletely filled in by the funeral . Then please remave carban papers. Pages 2 and 2 remaval, and in any event within 72 hours after death.			ECEASED-NAME First Type or print) BFSS	Middle		Lost	2a. DA	TE OF DEATH Month Day	Year	2b. HOUR
4e	le o	事大車	/	3. S		4. RACE		S. DATE OF BIRTH		DEG. 22	1968 IF UNDER 1 YEAR	IF UNDER 24 HRS.
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	aurs	200	1	70.	DIDTUDIACE (C)	7b. CITIZEN OF WHAT COUNTRY?	B. MADDIE	MARCH 18, D X NEVER MARRIED	1918	TY OF DEATH		
	4	d in pers. 72 h		cau	MARYLAND	USA	WIDOWE		7. COOM	DORCHESTER		
	in 2	pap		10. (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:			ISUAL OCCUPA	ATION (Kind of work done	12b. KIND OF	Md.
	executed within 24 haurs after	sly f	63		CAMBRIDGE	give street oddress) CAMBRIDGE M		during	mast of war	king life, even if retired.)	INDUSTRY	DOSINESS OK
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	3	any	1	14. [ATHER'S NAME First	Middle Last		IS. MOTHER'S MAIDEN NAM	E First	Middle		Last
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	1/5	a e Ci		160.	WAS DECEASED EVER IN U.S. ARM	IED FORCES? or or dates of service) 16b. SOCIAL SECURITY N	10. 17	. INFORMANT	LIA	Address	Treat	
	TE TE	ohy val			(If yes give w	220-10-61	32					
	OR ATTENDING PHYSICIAN: The law requires that the death certif be retained by the haspital ar attending physician.	the attending parties in the matian, ar rema			18. CAUSE OF DEATH (Enter and	y ane cause per line for (a), (b), and (c).					APPROXIN	NATE INTERVAL
	ant pe				PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) Uremia					BETWEEN ON	ISET AND DEATH
	9	atte sern an,	102		4120		1775					
	÷	sit i			Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF Cardiac De	ecompe	ensation			177 L	
	tha nn.	by ran ren			rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
	res	al, al	6		last.	(c) Hypertensiv	e Art	terioscleroti	ic Hear	rt Disease		
	phy	signed by the atten burial-transit permi burial, crematian, a	82		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED	TO THE TERMINAL DISEASE O	R CONDITION	GIVEN IN PART I(o)		
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	end	this certificate has been letached far use as the Dept. af Health priar ta	5	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?	20	b. IF YES, WERE FINDINGS COI	ISIDERED IN CEL	RTIFYING
	The	ha se	1	RTIFI				YES NO	XI CA	AUSES OF DEATH?		
	AN:	ar u			21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH		21c.	HOW INJURY OCCURRED (En	iter nature of	injury in Part 1 or Part 2, Ite	em 18.)	
	Die	of f		MEDICAL	(If either, natify medical examina							
	HY	s ce ache ept.			21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f.	LOCATION Street or R.F.D.	No.	City or Town	County	State
	the P	thi det e D			While Nat while at work						533.0	
	by by	After d be c			22a. I certify that (I) (this	s haspital) attended the decease	d from	Y/7Nov. 14 19.	68 , to.	Dec. 22, 196	that	(I) (we) last
	EN	uld the	100		causes stated above.	(I) (we) (dig) (did nat) view the b	, ai	nd that in (my) (aur) a	pinian dea	th accurred an the date	and haur a	nd from the
	ATI	Short H			22b. SIGNATURE	(u) (we) (u) (u) (u) null) view the b	ady diter	death.				
	08 re	d w d			(Par		DEC	REE PHYS.	MED. DIRECTOR	STAFF Dec	TE SIGNED 24, 1	968
	AL	L D	3.0		22d. PHYSICIAN'S TOUT	N DACODOM N D	DEC	PHYS. 2202 ADDRESS GH				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to	1		NAME (Type)	M FASSETT, M.D.		OZJ HIGH	SI.,	CAMBRIDGE, MA	RYLAND	ST013
	HOS Je 4	aule	111	23a.	BURIAL, CREMATION, 23b. DA	ATE 23c. NAME OF C	EMETERY OF	R CREMATORY	234 100	ATION (City or Town)	(County)	(04040)
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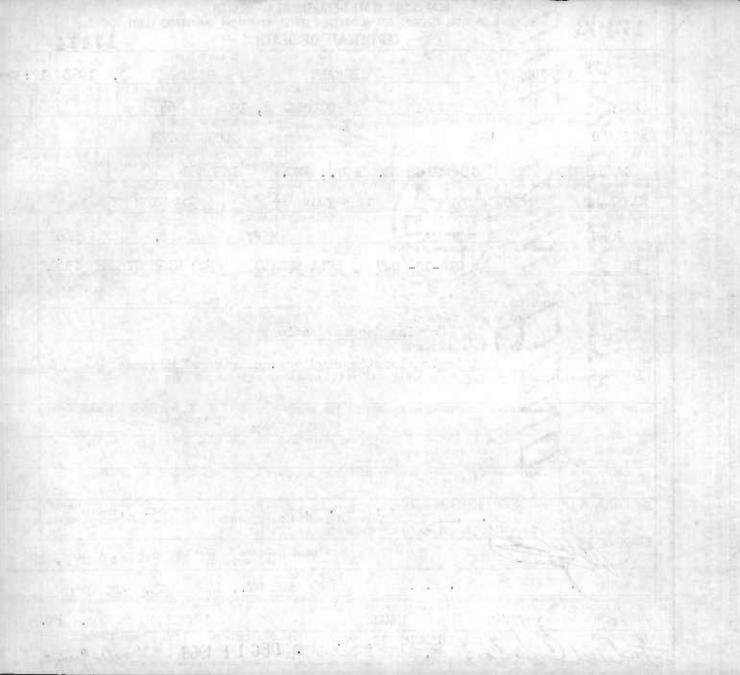
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MAKYLAND STATE DEPARTMENT OF HEALTH

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3	1	17463	DIVISION	OF VITAL RECORDS,	301 W. P	RESTON STR			21201		
	1				CERTIFIC	ATE OF I				17474	d.
i.		Type or print)	rst	Middle		Last	2a.	DATE OF DEATH	N	V	2b. HOUR
death		GRE	ENBURY		E	NNALS		DECEMBE	2 3	1968	12:30
burial, cremation, or remaval, ond in ony event, within 72 hours affer	3. 5	ΕX	4. RACE			S. DATE OF BIR	RTH	6. AGE (In	years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		MALE	- 4	NEGROID		OCTOB	ER 8. 19	O4 last birth	YRS.	MONTHS DAYS	HOURS MIN
	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN C	F WHAT COUNTRY?	8. MARRIED	NEVER MARK	9. CO	UNTY OF DEATH			
	Cat	MARYLAND	1	JSA	WIDOWED		CED 🗍	DORCHESTE	?		Md.
3	10.	CAMBRIDGE		11. NAME OF HOSPITAL OR INS give street address) CAMBRIDGE	MD. HO		during most of	CUPATION (Kind of w working life, even it ABORER	ark dane retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
-	13a	USUAL RESIDENCE (Where dec	eased lived, if in	stitution: Residence before	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND N	UMBER	1	
7	adn	MARYLAND	13b COUN	HESTER	CAM	BRIDGE	YES NO	503 H	IGH S	TREET	
1		FATHER'S NAME First	Mide				IDEN NAME First		Middle		Last
		JOHN		ENNALS			MARY	D		HO	OPER
	160	WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY I	10. 17. 1	NFORMANT	A MAL GAS		Address	1101	02 214
		Yes, no or unknown) (II yes gr	ve war or dotes of servic	216-10-8	027	LULA E	NNALS	503 HIGH	I STR	EET 210	613
		18. CAUSE OF DEATH (Enter	anly one cause n							APPROXIA	MATE INTERVAL
	18	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a)	Ilromia						BETWEEN OF	NSET AND DEATH
		4120		OR AS A CONSEQUENCE OF							
	1	Canditians, if any, which gav	(0)	Camalia	a daga	mpensat	ion			1235	
		rise ta immediate cause (a). (b).	OR AS A CONSEQUENCE OF	c deco	mperisa c	LOII				
		stating the underlying caus						7 3:			
	Г	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	Arterioscl	OF DELATED TO	CATCLO	DISTAST OR CONDIT	renal di	seasa		
	NO	442×) THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART I	(a)		
0	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR	R WHICH OPERATION WAS PE	RFORMED	20a. AUTOP		20b. IF YES, WERE	FINDINGS C	ONSIDERED IN CE	RTIFYING
x	RTIFI					YES 🗀	NO 50	CAUSES OF DEATH?			
	MEDICAL CE	21a. ACCIDENT WAS UNDERLED OR CONTRIBUTING CAUSE OF CAUSE	EATH HOUR A	ME OF INJURY N.M. Manth Day Year P.M. 19		OW INJURY OCCU	JRRED (Enter natu	re af injury in Part 1	ar Part 2,	Item 18.)	
	ME	21d. INJURY OCCURRED 2 While Nat while at wark at wark	le. PLACE OF INJU	IRY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street	ar R.F.D. Na.	City ar Tawn		Caunty	State
		220. I certify that (I) (sow the deceased	this hospitol)	ottended the deceose	d from M	ov. 4.		, to December	72,79	68 that	(I) (we) last
		couses stated abo	alive on Dec	did) (did not) view the	9 <u>68</u> and	d that in (my death.) (our) opinian	death occurred o	n the da	ite and hour o	and from the
		22b. SIGNATURE)	DEGR	ATTENDING PHYS.	G MED. DIRECTO	OR STAFF [DATE SIGNED ember 5	. 1968
1		22d. PHYSICIAN'S			DLON	22e. ADDR		JK - PHIS. L		0001	,,
		NAME (Type)	DWIN FAS	SSETT, M.D.		623 н	IGH ST.,	CAMBRIDGE	E, MA	RYLAND	
	230	BURIAL, CREMATION, 23	D. DATE	23c. NAME OF		CREMATORY	23d	LOCATION (City or T	awn)	(Caunty)	(State)
	0.1	BEMOVAL (Specify)	12/7/9		AUGH			CAMBRID			MD.
	24.	FUNERAL DIRECTOR	July 1	CAMPRET	DGE N	ERAL H	2Sa. REC'D BY REG			SIGNATURE	
ı	-	Talesch C	- Alla	en ST. GLA	Tu LOL	MILE II.	DATE LL	1 1968	Man	May Jus	Lac.

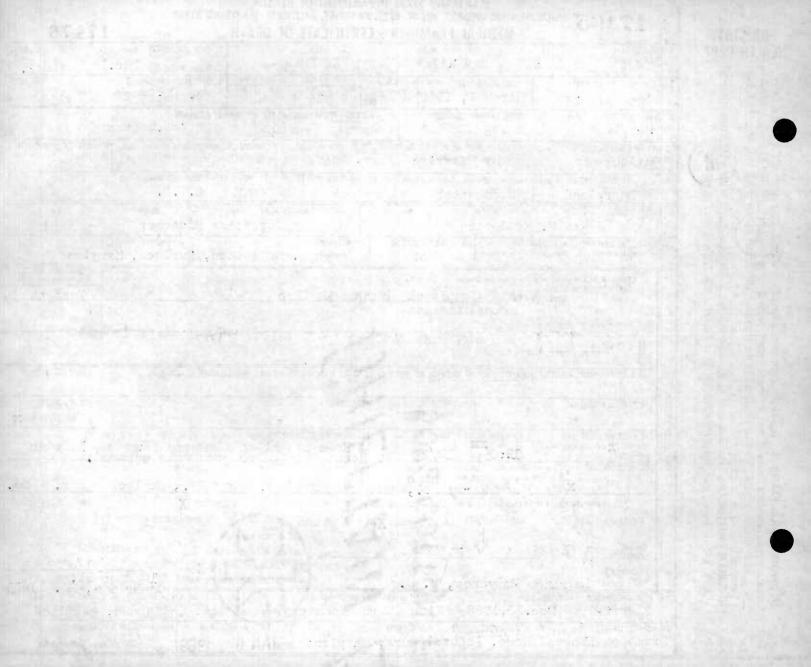


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		TO A COL	ISION OF VITAL RECORDS,			TIMORE, MA	RYLAND 21201	1747!	5
	_	E - E - C - E		CERTIFICAT	E OF DEATH				
		CEASED-NAME Pirst	Middle		Last	2a. DATE O	44 4	Vees	2b. HOUR
		II,NI/	A	ter	264		Month Do	Year - 68	5 AM
	3. SI	X 4.	RACE	S. C	ATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
270 9		emale	Negro	6	2-14-1	900	last birthday) YRS.	MONTHS DAYS	HOURS MIN
- 1	7a.	BIRTHPLACE (State or foreign) 7b. (ITIZEN OF WHAT COUNTRY?	B. MARRIED T	NEVER MARRIED	9. COUNTY O	F DEATH		
Fig.	13	mandard VIR	U.5A	WIDOWED 🔀	DIVORCED	DARG	chester		X Md
amis.	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:	STITUTION (If nat in		JAL OCCUPATION	(Kind af wark dane	12b. KIND OF	BUSINESS OR
13	6	Ambridge (Kuch	give street address) Shok	e State 1	Lossital during n		life, even if retired.)	INDUSTRY	_
	13a.	USUAL RESIDENCE (Where deceased liv	ed, if institution: Residence befare	13c. CITY OR TOW		LIMITS? 13e. S	TREET AND NUMBER		
11	aam	SSION) STATE AND	BLOONTY ANNE	Cheste	e YES N	10 🗆			
2	14.	ATHER'S NAME First	Middle Last	1s. MO	THER'S MAIDEN NAME	First	Middle		Last
		Thomas	MARSH	011	A.	NUA		MARS	hall
	16a.	WAS DECEASED EVER IN HIS ARMED EC	ORCES? 16b. SOCIAL SECURITY I	NO. 17. INFOR	MANT		Address	0	. , , , ,
	,	es, na, ar unknawn) (If yes give war or da	219-01-5	5051 EAS	Stern Shore	e Stan	e Hosp. (Med lec	seds)
		1B. CAUSE OF DEATH (Enter only one					- 1703 - 1 4	APPROXIA	WATE INTERVAL
		PART I. DEATH WAS CAUSED BY:	0	noppe	5210			Briwtth O	NSET AND DEATH
		4339 IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF	mpmer	MAYMAL			- Cu cu	YEER.
		Conditions, if ony which gove	(b) Cerebra	0 16.	Roard			1100 107	1
		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	TAL	masin			unael	erminea
		stating the underlying cause lost.	6 aster	00000	-11			Und	etermine
		PART 2. OTHER SIGNIFICANT CONDITIO	17	OT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVI	N IN PART 1(n)		
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	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDI	TION FOR WHICH OPERATION WAS DE	RFORMED 1	20a. AUTOPSY?	20b. I	F YES, WERE FINDINGS (ONSIDERED IN CE	RTIFYING
2	IFIC				YES NO Z	CALICE	S OF DEATH?		
		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW II			ury in Part 1 or Part 2,	Item IR)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M.		(200		.,	10111	
	MED	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE	OF INJURY (AT HOME, FARM, STREET, FAC		ON Street at R.F.D. No	n City	ar Tawn	Caunty	State
		While Nat while at wark	OFFICE BUILDING, ETC.	7	on shoot of Kirib. In	u. Cit ₁	01 104411	coonly	51016
		220. I certify that (I) (this ho	spital) attended the decease	nd from	. 19_	, to	. 19	that	(1) (we) lost
		sow the deceased alive of	on	9 and the	ot in (my) (our) on		occurred on the do	ote ond hour	and from the
			(we) (did) (did not) view the	body ofter deot	h. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
		22b. SIGNATURE	who Sen		ATTENDING -	MFD	STAFF 22c.	DATE SIGNED	0
	F		coon Cie	DEGREE	PHYS.	MED. DIRECTOR	STAFF PHYS.	2/11/6	8.
		22d. PHYSICIAN'S NAME (Type)	UK OZF	FR	22e. ADDRESS	0511	Ga	- 70 10	- 11/2
			VI UZL	- /		SSH		MBRIDG	
	23a.	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	1 10 5	CEMETERY OR CREM		1 / 2	ON (City ar Tawn)	(Caunty)	(State)
		FUNERAL DIRECTOR	ADDRESS	DETHEL			BRIDGE	DOR.	MD.
200	24.	The later of the l	- 13	PIRCE 1	250. RECD	BY REGISTRAR C 18	368 Police	SIGNATURE	LOP
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17476 HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Day (Type or Print) FLETCHER JAMES DRUMMOND 2, and 3 to PM3. Page Dec.25 Department of DEATH MATED 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR Mprecembe Poy 25 Male Negro March 1, 1968 Year 1968 7a. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K 9. COUNTY OF DEATH s Office alang with farm 8. Give Pages 1, countrylaryland USA Dorchester WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street addition Ferry Road during most of working life, even if retired.) Hurlock pages land 2 with 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) MSIATEV land 13b. County hester Hurlock R.F.D. YES NO X I met hours after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle First James H. McGlotten Joycetine Fletcher 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no gar unknown) (If yes give war or dates of service) None James H. McGlotten, Hurlock, Maryland the certificate, writing the word "pending" in per 4 shauld be farwarded to the Chief Medical Exam any event within 72 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Completely burned in fire Instant DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= burial, cremation, or removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 SD 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO X be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should Home caught on fire and baby was left in house when other occupants escaped.
21f. LOCATION Street or R.F.D. No. Gifty or Town PRIMARY TO OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, State factory, office building, etc.) FUNERAL DIRECTOR: Page Home AT WORK AT WORK Harrison Ferry Rd. Hurlack Harrison Ferry Rd., Hurlack Dor. Md -220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry , and in my opinion the funeral director. deoth resulted from: Noturol cduses . Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 72/37/68 5 may TO FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) 610 Race St. NAME (Type) Lawrence Maryanov. M. D. 23d. LOCATION (City or lawn) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Dec.28,1968 Zion Church Cemetery Near Sharptown, Maryland 24. FUNERAL DIRECTOR from trampton. **ADDRESS** 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Framptom Fineral Home, Federalsburg, Maryland DAVAN 6 Ocharles VR A15ME (5)

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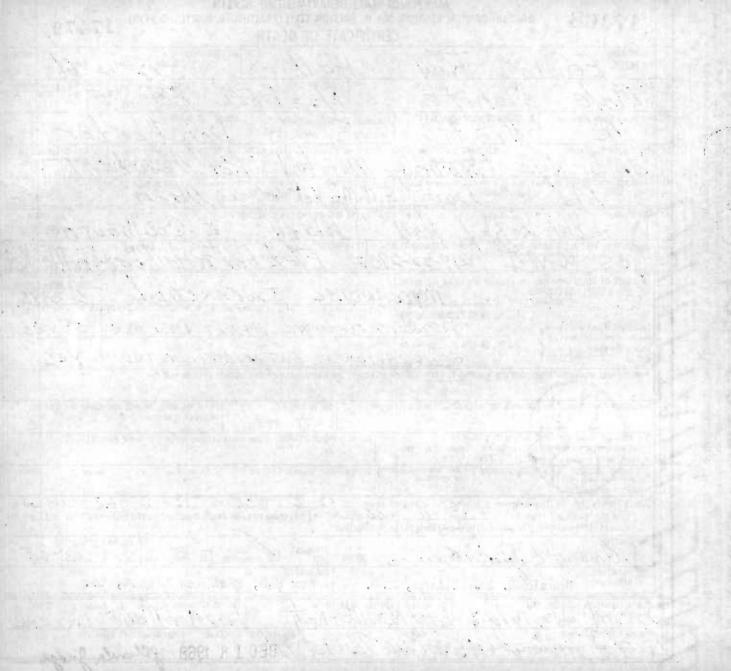
MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH
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		CERTIFICATE OF DEATH
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iificate hysiciar n pleas val, ond	160. Y	Was DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (It you give your or cotes for service) 219-22-2902 Fletcher 17. Hall East New Market
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by ne to be a 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (f) DUE TO, OR AS A CONSEQUENCE OF (g)
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ICIAN: pitol or rificate d for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19
G PHYSIC the hospii this certi detached	W	21d. INJURY OCCURRED While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. (ity or Town County State or National County)
Poge 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-troushould be filed with the State Dept. of Health prior to burial, cre		22a. I certify that (I) (this hospital) attended the deceased fram 226, 1968, ta 12-12, 1968, that (I) (we) last saw the deceased alive an 22-11, 1968, and that in (my) (over) opinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.
L OR All be reto DIRECT ge 3 shilled with		226. SIGNATURE Consider Signal Staff Degree Phys. Degre
SPITAI 4 may VERAL tor, po Id be fi		22d. PHYSICIAN'S NAME (Type) Donald R. McWilliams, M.D. 22e. ADDRESS Box 248, East New Market, Md.
TO HOSPITAL (Poge 4 may b TO FUNERAL D director, page	230	BURIAL (REMATION, 23b. DATE 22c. NAME OF REMATION (23d. LOCATION (City or I give)) (Stote) REMOVER (Specify) 12/14/68 East New Market Dor Dor
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17481 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20. DATE KNOWN HEALTH DEPT. DECEASED-NAME 2b. HOUR Year_ Hurley (Type or Print) Judy Kaye ESTI-2, and 3 to PM3. Poge 0 DEATH MATED 6. AGE (In years lost biothday)

YRS. 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR White Female Doy Yeor 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED X 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 4 should be forwarded to the Chief Medical Exominer's Office along with form U.S.A. country) Md. WIDOWED | DIVORCED Dorchester Give Poges 10. CITY OR TOWN OF DEATH certificate should be executed within 24 hours ofter death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address) tt during most of working life, even if retired.) INDUŞTRY Vienna Island Rd. Hospita] 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Dor. odmission) STATE Md. Vienna YES IN NO Item] offer and 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME. Middle . First L hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) State Policé Records File APPROXIMATE INTERVAL in ony event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Intracranial injuries DUE TO, OR AS A CONSEQUENCE OF buriol-transit Instant Conditions, if ony, which gove Multiple skull fractures rise to immediate cause (a). DUF TO OR AS A CONSEQUENCE OF stating the underlying couse PART-2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 cremotian, or remaval, pe nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES | 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should MEDICAL PRIMARY TO CONTRIBUTING 12-28,068 Headon auto collision CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.)
Highway WHILE AT WORK AT WORK Elliott Is. Rd. Vienna Md. funeral director. Page Dor 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry , and in my opinian death resulted fram: Natural causes . Accident X Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIG NATURE DEPUTY MEDICAL EXAMINER John Mace Jr. ADDRESS(Street, city, town, or county) 50 230, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City of Town) (County) FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) DAVAN 3 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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	7.	MARYLAND STATE DEPARTMENT OF HEALTH		
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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. In hastital ar attending physician. The his certificate has been signed by the attending physician and far a please remove carban papers. Practical Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs attendeath.		Type or print)	68 Year	2b. HOUR
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	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address		,,,,,
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE BETWEEN ONSET	INTERVAL ANO OEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PNEUMONIA RIGHT LOWER GOBE.		
	1	4379 DUE TO, OR AS A CONSEQUENCE OF	9-3-6	10
		Conditions, if, any, which gove tise to immediate couse (a), (b)	4-5-6	28
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF last. (c) LERE BARL ARTERIOS CLERIOSIS	Sport State	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
	2	33/X		
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS C	ONSIDERED IN CERTI	FYING
-	RTIFE	YES NO X CAUSES OF DEATH?		
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, HOUR A.M. Month Doy Year	Item 18.)	
	MEDICAL	(If either, notify medical examiner) P.M. 19		-
		21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town	County	State
		22a. I certify that (4) (this haspital) attended the deceased from 9-22, 1958, ta 12-11, 19	68, that (1)	(we) last
		saw the deceased alive an	ite and haur and	d fram the
		22b. SIGNATURE. 22c	DATE SIGNED	
		Turguel a. as la Gerandia us DEGREE PHYS. ATENDING DIRECTOR DIRECTOR PHYS.	2/12/5.	8/
	-	22d. PHYSICIAN'S 22e. ADDRESS	///	
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	230.	BURIAL, CREMATION, PRINCIPLE PROVIDED BURIAL, CREMATORY 23d. LOCATION (City or Town) CHESTER CHESTER CHESTER	(County)	(Stote)
2	24.	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE	111).
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	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	417101
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17484
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Page 3 to 15	(Type or Print) HATTIE WHEATLEY JOINES DEATH MATED 12-4	1- 1969 SAM
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	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If hat in hospital 120. USUAL OCCUPATION (Kind of work done 12)	b. KIND OF BUSINESS OR
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d within in pencil Examine File pag	(If yes give war or ones of service) (If yes give war or ones of service)	& md.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AL exec r. P far for or	22a. I certify that I taak charge af the remains described above, held an Autapsy, Inspection, Inquiry,	and in my apinian
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o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) OHN MACE JR DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or caynty)	1110
ro DEPu necessa the fun 5 may ro Fune Health	234 RIPRIAL CREMATION 236 DATE / 234 HAMP OF CEMETERS OF CREMATORY 234 LOCATION (City of thurs) 1 (C	ounty) (State) /
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TO DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry , death resulted from: Notural causes X, Accident , Suicide , Homicide , Undetermined monner . ACTUAL SIGNATURE	8
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17487 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWNE Month 2b. HOUR Yeor (Type or Print) Henry Lewis ESTI-Page DEATH MATED delay 3 SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 18 y 1068 White 12 Male 28 Yeor 2P M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md. U.S.A. WIDOWED T DIVORCED [Dorchester 8. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR plong with during most of working life, even if retired.)
Student **INDUSTRY** College Nr. Vienna Is. Road 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Dor. Vienna YES NO 24 haurs Office 2 Duna after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First haurs sabbd the certificate, writing the word "pending" in pencil 4 shauld be forwarded to the Chief Medical Examines 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) State Police records File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Rupture of heart IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF Instant burial-transit Conditions, if any, which gove Crushing injury chest rise to immediate couse (a). any certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES NO pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING crematian, Headon auto collision. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK R.F.D. Vienna Md. Dor. Highway please execute 220. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . Inquiry / and in my apinion director. death resulted fram: Natural causes Accident XI. Suicide . Homicide Undetermined monner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health John Mace Jr. EXAMINER'S NAME (Type ADDRESS(Street, city, town, or county) 50 230' BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. (LOGATION (City or Town) (County) FUNERAL/DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE JAN 3 VR A15ME (5) 10M REV. 1/68

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	tem6 FilmGL08] DECEASED-NAME First	Middle	9	Lost	2a. DATE OF DEATH		2b. HOUR
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3. 5		4. RACE		S. DATE OF BIRTH	A AGE (In	yeors IF UNDER 1 YE	
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14.	FATHER'S NAME First	Middle	Lost 1S.	MOTHER'S MAIDEN NAME		Middle	Lost
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160	o. WAS DECEASED EVER IN U.S. ARI Yes, no or unknown) (If yes give	war or dates of service)		FORMANT		Address	Er.
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1	1B. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	nly one couse per line for (o), (b), ED BY: Utemia	ond (c).)			BETWE	EN ONSET AND OFATH
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CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE	FINDINGS CONSIDERED I	N CERTIFYING
IFIC				YES K NO	CAUSES OF DEATH?		
				W INJURY OCCURRED (Er	nter noture of injury in Port 1	or Port 2, Item 1B.)	
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MEDICAL CERT				CATION Street or R.F.D.	No. City or Town	County	31010
	While Not while	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	STREET, FACTORY,) 21f. LOC	CATION Street or R.F.D.			
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	While Not while of work 22a. I certify that (I) (the saw the deceased causes stated above 22b. SIGNATURE	nis haspital) attended the alive an open (i) (we) (did) (did nat) vie	deceased fram	that in (my) (aur) ceath.	pinian death accurred of MED. DIRECTOR STAFF PHYS.	22c. DATE SIGNED	hat (I) (we) las jur and fram th
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+		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7491
FOR STATE		MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Type or Print) Condr. Thomas Middle Lost 0F ESTI-	
oy is 3 to Poge to		Gordy Thomas Mills Death MATED Dec.	18 168 7A M
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Any deloy is 2, and 3 to PM3: Poge paratement		Male White March 19,1892 76rs 12 27 18	3 Yeor 1968 7A M
T, 2, my		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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\$ E &		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital like away is extract odders.)	12b KIND OF BUSINESS OR INDUSTRY
the the		Cambridge Cambridge-Md. Hospital Waterman	INDUSIKI
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18 ce o ce o ce o ce o ce o		Md. Dorchester Bishops Head " X	
INER: This certificate should be executed within 24 hours ofter death ne certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriol-transit permit. File pages I and 2 with the State De notion, or removal, and in any event within 72 hours ofter death.	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Alexander Mills Mary Catherine	e Pritchet
hin 24 ncil in niner's poges hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
thir min poor		(eMoor unknown) (If yes give war or dofes of service) Mrs. Gordy Mills Bishops He	ead Md. 216
ote should be executed wing the word "pending" in perector to the Chief Medical Example to buriol-transit permit. File and in ony event within 72			APPROXIMATE INTERVAL
uteo gari ical mit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonia	BETWEEN ONSET AND DEATH
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ertif vor vor ed ed	TION	196. CONDITION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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bical Examiner: This se execute the certificate, ector. Poge 4 should be fond for your files. ECTOR: Page 3 should be use termotion, or remotion, o		220. I certify that I took charge of the remains described abave, held an Autopsy , Inspection x, Inquiry	, and in my apinion
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necessary, please execute the certificate, writh the funeral director. Page 4 should be forwar 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used Health prior to burial, cremation, or removal		NAME (Type) JOHN Mace Jr. MD. ADDRESS(Street, city, town, or county) Cambrid	lge, Md.
5 = 5 5 H	230	DEMOVAL (Specific)	(County) (Stote)
		Burial 12/21/68 St. Thomas Churchyard Bishops Head I styletal director Address 256. Rec'd by Registrar 256. Registrar 256. Registrar 256. Rec'd by Registrar 256. Registrar 256. Registrar 256. Rec'd by Rec'd by Registrar 256. Rec'd by Rec'd by Rec'd by Rec'd by Rec'd by	Dorchester N
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FOR STATE				EXAMINER'S	CERTIFICATE	OF DEATH	H	The state of	17492	
HEALTH DEPT.	1. DECEASED-NA (Type or Pri			Middle	last		2a. DATE KNOV OF ESTI	√N Month	Doy Year	2b. HOUR
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any deloy is 1, 2, and 3 to m PM3. Page	3. SEX Male	4. RACE White	5. DATE OF BIRTH	1894 6. AGE (In you last birthdo 74	ogs IF UNDER 1 YEAR (y) MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONC	DUNCED DEAD Day 3.	yeor 19	2d. Hour
	7a. BIRTHPLACE country) Mar	(Stote or foreign yland	7b. CITIZEN OF WHAT C		MARRIED NEVER MA		OUNTY OF DEATH	r		Md
after deoth S. Give Pages 1, Song with form With the State Deeath.	10. CITY OR TO	VN OF DEATH ridge	11. NAME give street Camb	OF HOSPITAL OR INSTITU address) DOA Pidge Md.	TION (If not in hospitol		OCCUPATION (Kind of working life, ev		12b. KIND OF BUSI INDUSTRY Seafor	INESS OR
0 000	13a. USUAL RE odmission)	STAT Marylan	sed lived, if institution:	Residence befare 13c.	CITY OR TOWN 13	YES NO	13e. STREET AND	NUMBER	Doaro	<u> </u>
24 hours in-trem 1.	14. FATHER'S NA	ME First James	Middle ?	Mills	IS. MOTHER'S MAI		avia	Middle ?	Last	
thin mine pag	160. WAS DECEA (Yes, no, ar u Yes	ED EVER IN U.S. ARMED Iknown) (If yes give		. SOCIAL SECURITY NO. 20 32 1122	17. INFORMANT LeCompte	Funeral		record	3	
be executed wire pending" in pending in peninef Medicol Exononsit permit. File event within 72	18. CAU	E OF DEATH (Enter an	ly one couse per line fo	or (a), (b), ond (c).)					APPROXIMATE BETWEEN ONSET	
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ertificate shauld be executed writing the word "pending" in warded to the Chief Medical Esed os a burial-transit permit. Flavol, and in any event within	stoting the	ne underlying couse	DUE 10, OR AS A	A CONSEQUENCE OF						
the slate of the date of the nd in the intervention of the nd in t	PART 2. O	THER SIGNIFICANT COND	(c)(TIONS CONTRIBUTING 1	TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE OR CONDIT	TION GIVEN IN PART	1(a)		
ficol ing rded os os	1421	7/					TON OTTEN IN TAKE	1(0)		
This certificate ficate, writing the be forwarded to d be used as a bor remayol, and	19a. DATE	OF OPERATION	19b.	CONDITION FOR WHICH	OPERATION				20. AUTOPSY	?
	RTIFIC			WAS PERFORMED?				3 00 to	YES 🗌	NO 🔀
	PRIMARY CAUSE OF		HOUR A.M. P.M.	RY Manth, Day, Year 19	21c. HOW INJURY OC	CURRED (Enter no	ture of injury in Pa	rt 1 or Part 2, 1	tem 1B.)	
DEPUTY DICAL EXAMINER: seessary, please execute the certiful e funerol director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should ealth prior to buriol, cremotion,		Y OCCURRED 21e. NOT WHILE fa	PLACE OF INJURY (At ha ctory, office building, et	me, farm, street, c.)	21f. LOCATION Street	or R.F.D. Na.	City ar Tow	n	Caunty	State
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bica please ex director. etained DIRECTOR	deat	h resulted fram:	Natural causes	X, Accident	, Suicide ,	Hamicide [], Undetermin	ned manner		
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EPU sssar fune ay b ay b inner	EXAMIN NAME (1	RS John	Mace Jr.	MD		UTY MEDICAL EXAM				
necessary, please the funeral direct in S may be retain to FUNERAL DIRECT Health prior to	23a. BURIAL, C		DATE .	23c. NAME OF CEME		ORESS(Street, city,	id. LOCATION (City of		dge, Md.	
5	BUTT		n 3, 1969		er Memorial		Cambrid	,	,	tate)
	24. FUNERAL D	IRECTOR		ADDRESS		250. REC'D BY R	REGISTRAR 25	b. PEGISTRAR'S		0
VR A15ME (5) 10M REV. 1/68	LeComp	te Funeral	Service,	Cambridge,	Maryland	DATE AN 6	1969	ficial	Ca Jung	-

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17482 CERTIFICATE OF DEATH Last 2b. HOUR First Middle 2a. DATE OF DEATH 1. DECEASED-NAME campletely filled in by the funeral lave carban papers. Pages 1 and 2 y event, within 72 haurs after death requires that the death certificate we executed within 24 haurs after death WYONA Month (Type or print) TODD MILLS Dec. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX Female White last birthday) Sept. 25, 1909 MONTHS DAYS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country)Maryland Dorchester USA WIDOWED A DIVORCED [12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR give street address)
Cambridge Md. Hospital during mast at warking life, even if retired.) Teaching Cambridge School l'eacher 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Dorchester Toddville NO X None and in any 15. MOTHER'S MAIDEN NAME First Middle Middle 14. FATHER'S NAME Lost and Darius ? Todd Lydia Meredith physician 16b. SOCIAL SECURITY NO. IZ INFORMANT
LeCompte Funeral Service records 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 220-26-1704 Yes, no. ar unknawn) After this certificate has been signed by the attending physi be detached far use as the burial-transit permit. Then pl State Dept. af Health priar ta burial, crematian, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circhosis DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH 2 YES 🗍 NO Z 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Manth Day Year TOR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased fram JULY 15, 1950, to Dec _19 ond that in (my) (our) opinion deoth occurred on the dote and hour and from the saw the deceased olive on Dec 8 , page 3 shauld be filed with the couses stoted obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED **ATTENDING** MED. STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) directar, p 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (Caunty) 23a. BURIAL, CREMATION, REMOXAL (Specify) 1968 Dorchester Memorial Park Cambridge, Maryland 2 2Sa. REC'D BY REGISTRAR
DADEC 1 3 19 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 1968

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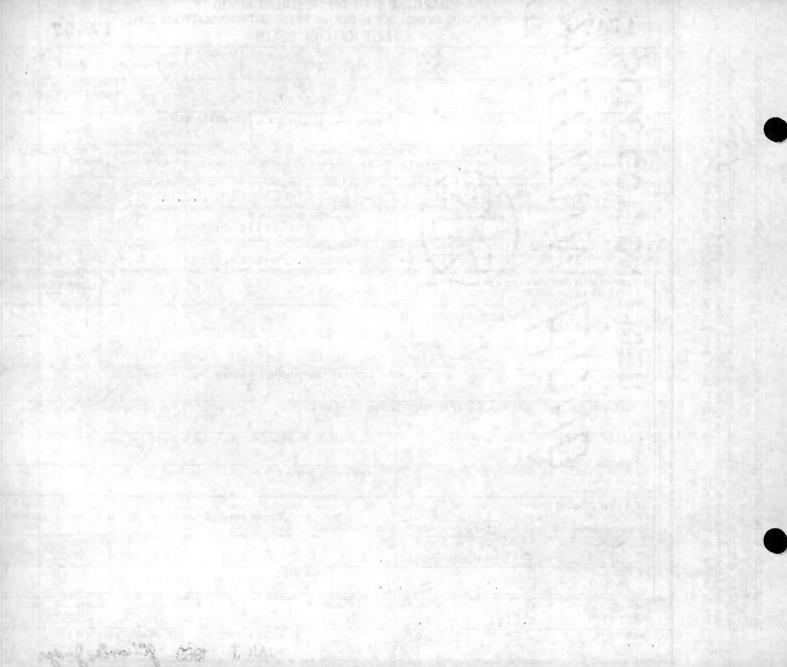
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1	14. F	ATHER'S NAME First		Middle	Last	IS. MOTHER'S I	MAIDEN NAME First		Middle		Last
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	16a. Y	was deceased ever in es, no or unknown)	U.S. ARMED types give war o	or dates of service)	CIAL SECURITY NO.	17. INFORMANT		-3-3	Address		
	_				-10-8208	WAL	TER MOLOC	K	823 ROBE		21613
		1B. CAUSE OF DEATH (I PART I. DEATH WAS	Enter anly	ane cause per line for (a), (b), and (c).)						MATE INTERVAL DISET AND DEATH
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- 1		Canditions, if any, which	se (a).			IOSCLEROTI	C CVD				
4		stating the underlying		DUE TO, OR AS A CON	ISEQUENCE OF						
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MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17495 Middle Lost 2g. DATE OF DEATH 1. DECEASED-NAME HOUR death. December (Type or print) HOWARD LEE. MOLOCK IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 24 haurs after April 1, 1914 last birthday) DAYS Male Negro MONTHS HOURS 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) Maryland USA lease remave carban papers. and in any event, within 72 h Dorchester DIVORCED [WIDOWED [campletely filled 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Day Laborer - Acme INDUSTRY give street oddress) Hurlock Markets 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c. CITY OR TOWN Maryland 13b. COUNTY rchester YES NO Hurlock 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost Molock Susie Martin Abraham please physician 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) (If yes give war or dates of service) 198-03-6777 Florence H. Molock, Hurlock, Maryland crematian, or remayal, g phy Then APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: The law requires that the death Interior Myocardial infarction IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ; burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached far use as the State Dept. of Health priar tal has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO TH YES [this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) be retained by the hospital Manth Day Yeor OR CONTRIBUTING CAUSE OF DEATH HOUR A.M P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. County State 21d INIURY OCCURRED City or Town While Not while at wark 220. I certify that (I) (this hospital) ottended the decased from II a control I TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After saw the deceased alive on Decembre 3 1968, and that in (my) (our) opinion death occurred on the dote and hour and from the 3 should be with the S causes stoted abave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE directar, page 3 shauld be filed w DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S urlock 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23o. BURIAL CREMATION 23b. DATE REMOVAL (Specify) Near Hurlock, Maryland Dec. 7.1968 Washington Cemetery 25a. REC'D RY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS eve Trauplan Federalsburg, Maryland DATE Framptom and Son! 30M REV.

1888 July 201 1 1888 War All Control of the State of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17496 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) ESTI-Ossie ny delay is 2, and 3 to PM3. Page Moore 1968 0 DEATH MATED State Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE tin years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 12 Day 16 Year , 68 6/6/1916 Negro Male 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED alang with farm county outh Carolina USA WIDOWED | DIVORCED | Dorchester 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give of reet oddress hillips St. during most of working life even if retired.) INDUSTRY Cambridge land 2 with the 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO Cambridge 920 Phill 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Lloyd Moore Ethel Folk 4 should be farwarded to the Chief Medical Examiner's pages 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) 247-26-0561 Lewis L. Moore New York. within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Exposure event 1 DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Acute alcoholism rise to immediate couse (a). in any e certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES NO 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy [X], Inspection [7]. Inquiry . and in my apinian death resulted from: Natural causes . Accident XI. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DII Health priar t ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER FXAMINER'S John Mace Jr. M.D. Md. NAME (Type) ADDRESS(Street, city, town, or county) Cambridge. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cambridge. Dor. . Bethel Cemetery Buria 24. FLIMERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATSME (5)

MAKILAND STATE DEPAKIMENT OF REALTH



		17487 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
± −2±		ECEASED-NAME First Middle Lost, 20. DATE OF DEATH 2b. HOUR
death. neral and 2 death.	(Type or print) MARY Elizabeth Nichols Magth Day - 14-1468 4 AM
	3. S	S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
hours after hours after		Female Negro 1-2-1891 lost birthday) YRS. MONTHS DAYS HOURS MIN
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nple s ca vent	adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before list on) STATE 186. COUNTY FASTON STATE NO ARLIAND NUMBER BOX 209
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and rer n a	174.	To make make the total
and is and is	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address Cambr. 11.
cettificate by physician please maval, and i	1	(es, na, ar unknown) (If yes give war or dates of service) 217-28-4648A EASKRN Shore State Hosp, (Med. Records)
and a second		IR CAUSE OF DEATH (Enter only one course per line for (e) (b) and (c))
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affer affer an, c	1	4109 DUE TO, OR AS A CONSEQUENCE OF
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OR ATTENDING PHYSICIAN: The law requires that the deathor entities by the haspital ar attending physician. **IRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. State Dept. af Health priar to burial, cremation, arr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BYT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)
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fical far		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
ASSIC aspi cert hed bed ot. a	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. City at Tawn Caunty State While Nat while 1
PH This this etac Dep		While Not while at wark A true at wark
ING by the ter tate		22a. I certify that (1) (this haspital) attended the deceased from $2-12-1968$ to $12-26-1968$ that (1) (we) last
ed to the She She She She She She She She She S		sow the deceased glive an
To tain tain the tain		causes-stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED
REG will die		Degree PHYS. Director PHYS. Director PHYS. Director Direc
AL AL Did by		22d PHYSICIAN 220 ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifican be Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and		NAME (Type) LEDWORD HRED EDSTERN SHORE / OSP. COMORIDGE, MD.
HO Fundament	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 p 2		REMOVAL (Specify) Dec. 28/968 Newton'n com Skipten Talbot mis
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
45M - 1/69	X	black to both and Easter M. d. DATE JAN 2 1969 Joleanles Judge

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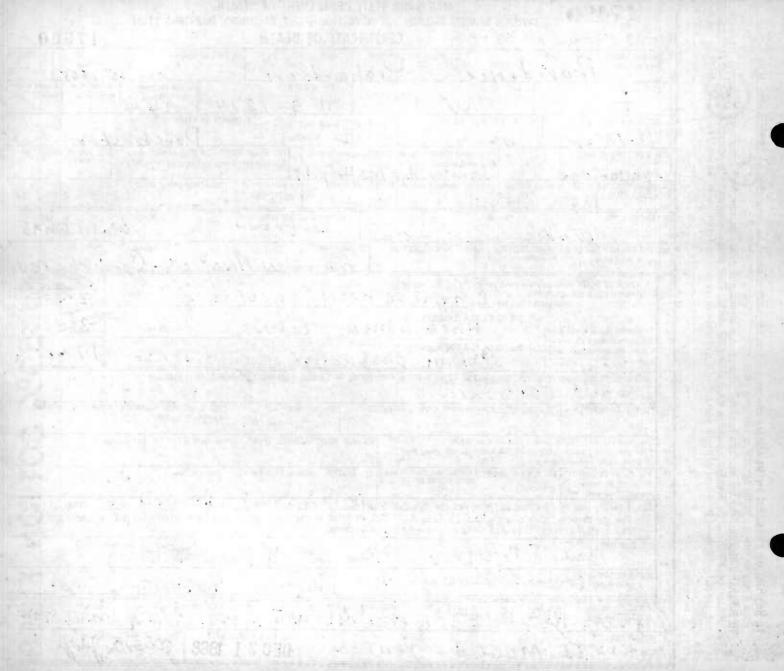
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1		17488 DIVISIO		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	40.50
۷ -:	1 0	CELCED MANE		CERTIFICATE OF DEATH		18527
13		CEASED-NAME First ype or print)	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
		Lage		Oden	12 Month 23 Do	
	3. S	X M) /a A. RACE	And Al	20 S. DATE OF BIRTH 20 2-15-86	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
1	7a.	BIRTHPLACE (State or foreign 7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	cau	Alabama U	.S.A.	WIDOWED DIVORCED		hester Md.
2		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120. USU	AL OCCUPATION (Kind of work done	12b, KIND OF BUSINESS OR
)		ambridge	give street address) Share	State Aspital	ost of working life, even if retired.)	INDUSTRY
2	adm	USUAL RESIDENCE (Where deceased lived, if ssian) STATE 138. CC	DUNTY WICOM ICO	Salsbury YES NO	MITS? 13e. STREET AND NUMBER 106 Catherin	Street
2	14.	ATHER'S NAME First N	Aiddle Lost	15. MOTHER'S MAIDEN NAME F		last
7						
	160	WAS DECEASED EVER IN U.S. ARMED FORCES es, na, or unknown) (If yes give wor or dotes of so		NO. 17. INFORMANT	wed - Eastern Shor	1/ .
	H	No	urknow		wed-Gaslem Shor	APPROXIMATE INTERVAL
		 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: 	e per line for (a), (b), ond (c).			BETWEEN ONSET AND DEATH
		250 a IMMEDIATE CAUSE (FAILURE		PAYS
		Canditions, if any, which gave)	O, OR AS A CONSEQUENCE OF	C Marins		
		rise to immediate cause (a).	O, OR AS A CONSEQUENCE OF	5 11622/100		
		last. 2 (00X	(c)			
		PART 2. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED, TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
	NC	C.V.A B	NKYLOSIS	LT. HIP		
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PE	100000000000000000000000000000000000000	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
1	ERTIF	21o. ACCIDENT WAS UNDERLYING 21b.	THE OF INITIAL	YES NO		
	CALC	OR CONTRIBUTING CAUSE OF DEATH HOU	TIME OF INJURY R A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)
	MEDICAL	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF I	P.M. 19 NJURY (AT HOME, FARM, STREET, FAC		City or Town	County Cont
		While Not while at wark	OFFICE BUILDING, ETC.	ZII. LOCATION STEET OF K.P.D. NO.	City of Town	County State
		220, I certify that (1) (this hospita	ol) attended the decease	ed from 12-16-190	8, to 12-23-19	168, that (I) (we) last
		sow the deceased olive on coarses stated above, (I) (we	12-20-	968 ond that in (my) (aur) ani	nion death occurred on the d	ate ond haur ond from the
		225. SIGNATURE	(did) (did not) view the	bady otter deoth.	1 220	DATE SIGNED
١		Dequello(Seen M.	DEGREE PHYS. D	IED. STAFF PHYS.	2-23-68
,	1	22d PHYSICIAN'S NAME (Type) /= ANID	1 12-1	22e. ADDRESS	1 Cun = 11 00	M 4
		LEUNDIL	O KIRGO	LOSTERN .	SHORE MOSP,	CATTORIOGE, IL
	23a.	BURIAL, CREMATION 23b. DATE REMOVAL (Specify)	60 P.3K. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City of Idwn)	(State)
Q	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REGINA	X-REGISTRAR 25b. REGISTRAR	S SIGNATURE
1	10	Desper m	1//21/	DATE	B 10 10 10 10 10 10 10 10 10 10 10 10 10	melas Cudal.

10501 1.55 0920/ X5 (25 K) W 16 K the and a simple state of the s whom Hospiel Road-Esten Marloy.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17499 CERTIFICATE OF DEATH Last Middle 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First burial-transit permit. Then please remove carban papere. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death. executed within 24 haurs after death the funeral (Type or print) December Lacy Thomas Pritchett 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS. last birthday) HOURS White 1888 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED Country)
Bishops Head Md and campletely filled in Dorchester DIVORCED [U.S. WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mester every life every to the waster the rie Md. Hospital attending physician and campletely f permit. Then please remove carban Cambridge 13d. INSIDE CITY LIMITS' 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Dorchester NO S Md. Bishops He a d 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last requires that the death certificate be Thomas S. Pritchett Laurenia Jones 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 218167310 T. Pritchett Bishops Head Mrs. Lacy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) signed by the attendir burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. Na. State City or Town County While Not while at work ot work 22a. I certify that (I) (this haspital) attended the deceased fram. 1968, and that in (my) (foot) opinion deoth occurred on the date and hour and from the saw the deceased alive an. causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUKE **ATTENDING** DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23o. BURIAL, CREMATION Cambridge Dorchester Md. Dorchester Mem. Park 3Sa. REC'D BY REGISTRAR 1Cambridge 2Sb. REGISTRAR'S SIGNATURE Md.

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. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Cteml3 FilmG409 2/6/69 kk CERTIFICATE OF DEATH 17500
	DECEASED-NAME (Type or print) Providence Richardson 2a. DATE OF DEATH Month Day Year M. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS.
	The state of Birth State of Birth State of State
	a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH BOUNTY) BOUNTY OF DEATH OUNTRY OF DEATH WIDOWED DIVORCED DIVORCED Md.
5	TOTAL STREET OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12. LIND OF BUSINESS OR INDUSTRY
	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before discounty of the county
2	4. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First, Middle WILL I DAMS
	Yes, na, ar unknawn) (If yes give wor or dates of service)
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure 2 days
2	Canditions, if any, which gave rise to immediate cause (a). Due to, or as a consequence of the consequence
	last. 49 (c) Choppic obstructive lung disease 10 years
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 12b. T
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Contributing Cause of Part HOUR A.M. Manth Day Year 19 19 19 19 19 19 19 1
	While Not while of work of work of work of the state of t
	22a. I certify that (I) (this hospital) ottended the deceased from December 2, 1965, to December 2, 1965, that (I) (we) last saw the deceased alive on December 2, 1966, and that in (my) (our) opinion death occurred an the date and hour ond from the causes stoted obove, (I) (we) (did) (did not) view the body after death.
	22b. SIGNATURE Cals F Barres Magree ATTENDING MED. STAFF DIRECTOR PHYS.
1	22d. PHYSICIAN'S NAME (Type) CARLOS F. BARROS & MD. HUYLOCK DOTCHESTER Md.
	SPENDIAL CREMATION, 23b. DATE 28, 1968 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
20	24. FUNEBAL DIRECTOR ADDRESS 25G. REC'D BY REGISTRAR 2.516 NATURE OF C 3 1 1968 Clicales Judge



	ECEASED-NAME Firs	1 Middl		ATE OF DEA		ATE OF DEATH			2b. HOUR
(Type or print) HELE			OGERS	20. 0		Day -	Year L968	ZU. HOUK
3. 5		4. RACE	100	S. DATE OF BIRTH	1918	6. AGE (In years	oho / u	ER I YEAR IF	UNOER 24 HRS.
18	FEMALE	NEGR	OID	MARCH 2.	19/8	last birthday) 50	YRS.	DATS	OURS MIN.
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH			
	MARYLAND	USA	WIDOWED		-	DORCHESTER			Mo
10.	CAMBRIDGE	give street address)	ALOR INSTITUTION (If n	du		PATION (Kind of work of orking life, even if retir		. KIND OF BU DUSTRY	SINESS OR
13a		osed lived, if institution: Residence	Defare 13c CITY OR		DE CITY LIMITS?	13e. STREET AND NUMBE	FR		
odn	nission) SIAIE MARYLAND	13b. COUNTY DORCHESTER	CAM	BRIDGE YES D			LIPS		
	FATHER'S NAME First	Middle		S. MOTHER'S MAIDEN N	IAME First	Midd	dle		Lost
-	SHEPHER	D KAN	E	BE	ULAH		MA	JOR	
	. WAS DECEASED EVER IN U.S. AI Yes, na_ar_unknawn) (If yes give	RMED FORCES? 16b. SOCIAL S	ECURITY NO. 17.	INFORMANT		Addre	e ss		00406
	NO NO STATE			GEORGE RO	GERS 9	921 PHILLIP	S ST?	2161	
	18. CAUSE OF DEATH (Enter of	only one couse per line far (a), (b),	and (c).)					BETWEEN ONSE	
	PART I. DEATH WAS CAUS	ED BY: Cardiac 1	Decompensa	tion due	to Corc	nary heart			
	4129	DUE TO, OR AS A CONSEQUE							
1	Canditians, if any, which gave								
	rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF								
1	lost.	Influ	enza						
Н	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PART 1(a)			
-	4201								
CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDI	INGS CONSIDE	RED IN CERT	IFYING
I E				YES 🗀	NO 💢	CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDERLY					of injury in Part 1 or Pa	art 2, Item 1	8.)	
	OR CONTRIBUTING CAUSE OF OR		y Year			777 ASS.			
									State
MEDICAL CER	(If either, natify medical exar	A PLACE OF INILIRY / AT HOME, FARM,	STREET, FACTORY, 21f. LO	OCATION Street or R.	F.D. No.	City or Town	Cou	nty	
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	21d. INJURY OCCURRED 21 While Not while at work 22a Legity that (1) (1)	e. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	street, FACTORY,) 21f. Lo	ay 27,	19.60	taDec. 19k	198	, that () (we) la
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	21d. INJURY OCCURRED 21 While Not while at work 22a Legity that (1) (1)	e. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	street, FACTORY,) 21f. Lo	ay 27, d that in (my) (ou death.	19 <u>63</u> , or) opinion d	ta <u>Dec 。 19k</u> leath occurred on tl	, 1화장 he dote or 22c. DATE S	, that (I	d from th
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	(If either, natify medical example 21d INJURY OCCURRED 21d While Not while at work 22a. I certify that (I) (is saw the deceased causes stated about 22b. SIGNATURE 22b. SIGNATURE 22b. SIGNATURE 22b. SIGNATURE 22b. SIGNAT	this hospital) attended the alive on Dayler (N. (1) (ve) (did did not) views (1) (ve)	deceased fram 19,1968, an ew the body after	ay 27, d that in (my) (ou death. REE PHYS.	n) opinion d	taDec 19k leath occurred on the STAFF PHYS.	, 198 he dote or 22c. DATE S ec. 24	that (I d haur and IIGNED	d from th
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MAKILAND STATE DEPARTMENT OF DEALIN

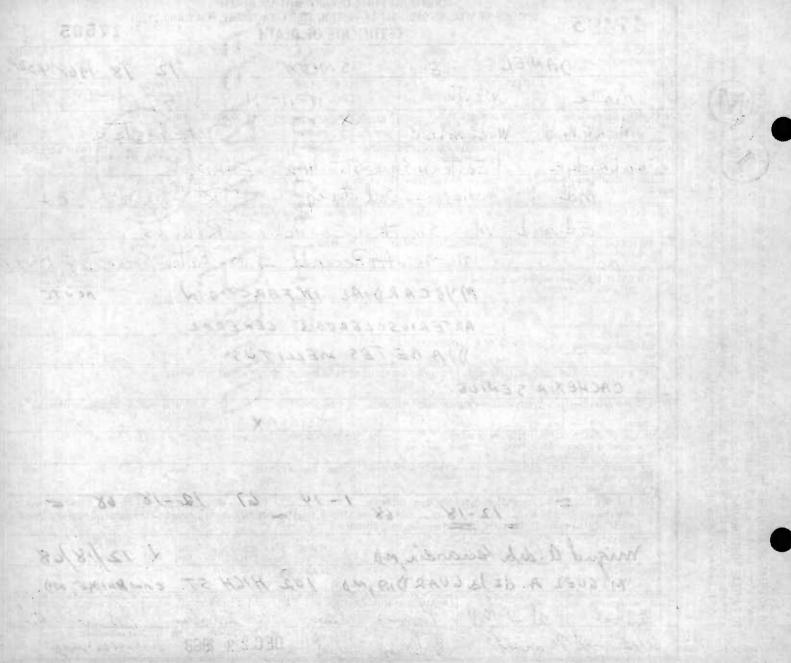
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HEALTH DEPT.	1. D	EASED-NAME First	Middle	Lost		Doy Yeor 2b. HOUR
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₫ d 🗸) jā		THPLACE (State or foreign 7b. CITIZEN OF WH)	AT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	1700 0. 11
SE O	coun	Fla. U.S.A		WIDOWED DIVORCED	Dorchester	Md.
haurs after death to delay lem 18. Give adges 11. 3. and 3 Office along with fram EM3 Paral land 2 with the State Department after death.	10. 0	Y OR TOWN OF DEATH	ME OF HOSPITAL OR INSTITU	JTION (If not in hospital	20. USUAL OCCUPATION (Kind of work done 1)	2b. KIND OF BUSINESS OR
the Sta	0	ambridge. Md. Ge	rreet oddress) mbridge Me	emorial di	uring most of working life, even if retired.) Housewife	NDUSTRY n/a
s after d 18. Give alting w death.	13a.	SUAL RESIDENCE (Where deceosed lived, if institu	tion: Residence before 13c.	CITY OR TOWN	CITY LIMITS? 13e. STREET AND NUMBER	
2 w 2 w de	0		orchester	Cambridge YES	× NO □ 405 Charles	Street
haurr Office Office after	14. F	HER'S NAME First Middle	Lost	IS. MOTHER'S MAIDEN NA	AME First Middle	Lost
24 haurs of in Item 18, r's Office all es land 2 wi		Unkown		unkr		
thin 24 incil in miner's pages hours		AS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
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be executed "pending" in nief Medical E unsit permit. F event within		 CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: 	e for (o), (b), ond (c).)		1	BETWEEN ONSET AND DEATH
ding ding ledic	0.4	IMMEDIATE CAUSE (o)	word	and a	colon	1 hour
pen pen sit p	99	Conditions, if ony, which gove)	AS A CONSEQUENCE OF	/		
auld b vard " he Chii al-tran		ise to immediate couse (a),	AS A CONSEQUENCE OF			
shauld be executed ne ward "pending" is the Chief Medical burial-transit permit.	8	toting the underlying couse DUE 10, OR ost.	AS A CONSEQUENCE OF			
cate stage the ed ta ed ta s a bu and ir		ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
ficate ing th rded t as a as a		4201	TO TO DEMIL BOT HOT KEE	The femality disease	or constitution of the in take 1(0)	
INER: This certifice e certificate, writin shauld be farward files. 3 should be used a sation, ar remaval,	CERTIFICATION	90. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	THE STREET WATER	20. AUTOPSY?
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XAMINER: te the certi ge 4 shauld your files. rage 3 shou crematian,	ME	Id. INJURY OCCURRED 21e. PLACE OF INJURY (A		21f. LOCATION Street or R.F.I	D. No. City or Town	County Stote
EXAL ecute 1 Page 4 ar you ar you ial, cre	M	WHILE NOT WHILE Toctory, office building	y ore.			
bical Examiner: se execute the cert ectar. Page 4 shault ned far your files. tector: Page 3 shou	- 1	22a. I certify that I took charge of th			, Inspection 💢 Inquiry 🔲,	and in my opinion
SICA ctar ctar ctar bed bu		death resulted from: Natural caus	es 🛛 , Accident 🗌], Suicide [], Hon	nicide 🔲, Undetermined monner 🗌	
JIY Dease e eral directar be retained RAL DIRECT	53	ACTUAL 22	0	CHIEF MED	DICAL EXAMINER	
TY Y, p rad pe ra priq		SIGNATURE Jets	was f	111.0.	MEDICAL EXAMINER 22b. DATE SI	GNED
DEPUTY DICAL EXAM ressary, please execute the funeral directar. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth priar to burial, crem		EXAMINER'S JOHN M	ACE JR		EDICAL EXAMINER Street, city, town, or county)	121167
TO DEPUTY DICA necessary, please extree tuneral directar. 5 may be retained to FUNERAL DIRECTOR Health priar to bur	23.0	BURIAL, CREMATION, 23b. DATE		TERY OR CREMATORY		(County) (State)
2 - 2 -		REMOVAL (Specify)				
	24.	irial Dec. 27,1	ADDRESS		REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	
VR A15ME (5) 10M REV. 1/68	1	House 1 & 106	Federals	burg . Md . DATE	DEC 27 1968 Jelian	les Judge

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MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17504 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death. lost 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR executed within 24 hours after death ANTHONY (Type or print) W. SHENTON Manth Sr. 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Male White Feb. 4, 1871 last birthday) DAYS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland USA Dorchester WIDOWED X X DIVORCED | within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Give street address)
Cambridge Md. Hospital Cambridge during most of working life, even if retired.) Farming repove carban 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Taylors Island 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 113c. admission) STATMaryland 13b. COUNTY Dorchester YES NO T None in any 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Henry M. Shenton Victoria Wallace requires that the death certificate be signed by the attending physidian burial-transit permit. Then please burial, crematian, or removal, and i 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) LeCompte Funeral Service records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the **DIRECTOR:** After this certificate has been State Dept. of Health priar ta CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO Z YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from _______, 1965__, to _______, 1965__, that (I) (we) last saw the deceased alive on _______, 1965__, and that in (my) (our) opinion death occurred on the date and hour and from the be filed with the couses stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL James U. Thompson, M.D. NAME (Type) 602 Locust St., Cambridge, Maryland directar, shauld by 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) (County) Dec 14, 1968 Dorchester Memorial Park BEMOVAL (Specify) Cambridge, Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) LeCompte Funeral Service, Cambridge, Maryland DAT DEC 1968

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	th certifi ling phy Then remaval	-	215-36-2444 Records of the tastem Shore State Hosp.
	he death ce attending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN DINSET AND DEATH
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	OR ATTENDING be retained by th SIRECTOR: After te e 3 shauld be de ed with the State	1	saw the deceased alive an 12-18 1968, and that in (my) (ess) apinian death accurred an the date and haur and fram the causes stated abave, (I) (ess) (did) (did) (did) (did) (ess) (did) (
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	TAI AI AI Poc		22d. PHYSICIAN'S
	NER A LINE		NAMELY HOLGEL A. DE BOURRIDAR, M.D. 102 HICH ST. CAMBOIDE, MD.
	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City or Town) (County) (Stote)
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			give war or dates of se			EN CLINTON		ST. 21613
		1B. CAUSE OF DEATH (Ente	r only one cause	per line for (a) (b) and (c)	1		101 2000 2210	APPROXIMATE INTERVAL
3		PART I. DEATH WAS CA	USED BY: NEDIATE CAUSE (o	Carcinoma	of pancreas	5		BETWEEN ONSET AND OFATH
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		rise to immediate cause (0/.	O, OR AS A CONSEQUENCE OF				
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2	CERTIFICATION	19a. DATE OF OPERATION	TYD. CONDITION F	OR WHICH OPERATION WAS PE			20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
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1		NAME (Type) J.]	EDWIN FA	SSETT, M.D	62	3 HIGH ST.	, CAMBRIDGE, M	D.
)	230.	BURIAL, CREMATION, 2 REMOVAL (Specify)	3b. DATE	4.0	CEMETERY OR CREMATORY			(Caunty) (State)
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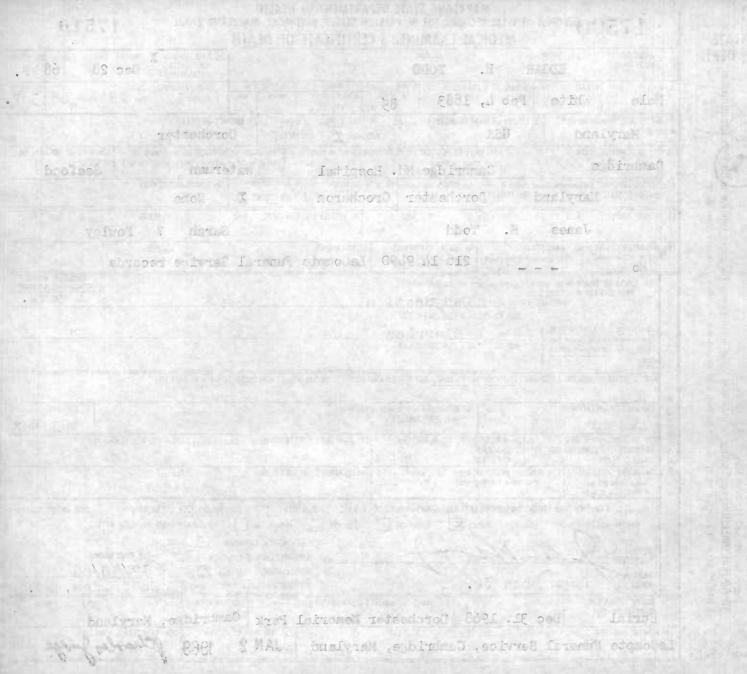
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17511 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Lost 20. DATE KNOWN 2b. HOUR (Type or Print) OF ESTI-168 Todd deloy is ond 3 to Webster Hughes Dec Poge 6. AGE (In years 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR ,68 P.M3 12/15/1923 Male White Year 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED - NEVER MARRIED in pencil in Item 18. Give Pages 1, Secretary Md. U.S. Dorchester WIDOWED [DIVORCED [poges lond 2 with the Sta 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with during most of working life, even if retired.)
Auto Dealer **INDUSTRY** Cambridge Cambridge-Md. Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN deoth. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Dorchester Kambridge YES NO X Algonquin Rd. after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Minnie Hughes George Todd the Chief Medical Examiner's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) 183-18-5906 Mrs. Webster Todd Algonquin Rd. File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (6) Coronary occlusion Instant DUE TO, OR AS A CONSEQUENCE OF o buriol-tronsit Conditions, if ony, which gove rise ta immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= should be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ar remaval. CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO [YES [be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE I AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinian death resulted fram: Natural causes X, Accident retained Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER may Heolth John Mace Jr. M.D. NAME (Type) ADDRESS(Street, city, town, or county) Cambridge. Md. 50 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) 12/26/68 Burial E.New Market Cemetert E.New Market Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Cambridge Md. 21613

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17512 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor (Type or Print) CYNTHIA TYLER ANN Dec. 28 1968 DEATH MATED 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR Female Whi to Feb. 6, 1965 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Office along with form country)Maryland USA Dorchester WIDOWED [DIVORCED [Item 18. Give Poges with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Elliott Island Road Near Vienna during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Marvland 13b. COUNTY Dorchester None Vienna YES NO X lond 2 ofter 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Thomas Tyler Virginia Guarino hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, po, ar unknown LeCompte Funeral Service records None File within APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed BETWEEN ONSET AND GEATH be forworded to the Chief Medical permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Intra-Cranial injury Hr event DUE TO, OR AS A CONSEQUENCE OF 11 buriof-tronsit Conditions, if any, which gave Skull Fracture rise to immediate cause (o). This certificate should ony writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AHTOPSY? WAS PERFORMED? the certificote, NO.K YES T 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 3 should should PRIMARY OR CONTRIBUTING cremation, 12/28/68 Passenger in car head on orm, street, 21f. LOCATION Street or R.F.D. No. City or Town CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Elliotts Island Rd. Vienna, Dor. Md. Highway for 22a. I certify that I took charge af the remains described above, held an Autapsy ... Inspection x Inquiry [ond in my apinian the funerol director. Natural causes . retoined death resulted from: Accident X Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER pe DEPUTY MEDICAL EXAMINER X may 5 may 70 FUNE Health John Mace ADDRESS(Street, city, town, or county)Cambridge. Md. 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Dec 31, 1968 Vienna Cemetery Vienna, Maryland 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17503 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. Hours after death (Type or print) VARAH Month E. TYLER 1968 P Dec. 4. RACE 6. AGE (In years 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Female White April 4, 1897 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Maryland USA Dorchester DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Cambridge Md. Hospital during most of working life, even if retired.)
Housekeeper INDUSTRY Cambridge carban Bitely Home event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE aryland 13b. COUNTY Dorchester **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the hospital ar attending physician. and comp NO None remave signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, or remaval, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost Wrightson Kate Tyler Hooper В. 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? LeCompte Funeral Service records (If yes give war or dates of service) Yes, no. or unknown) None APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) GETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) the has been prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 5-3/, 1962, to 12-8, 1965, that (1) (we) lost sow the deceased alive on 1965 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on 12 - 8 director, page 3 shauld should be filed with the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S W. N. Baumann, M.D. Aurora Street, Cambridge, Marvland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Dec 12. 1968 Tyler Family Cemetery Hoopersville, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland DADEC 13 1968 30M REV 1/68

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1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 17514	
13	ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
	(ype or print) FLORENTINE VAN NESS 12 Manth 09 Day 68	12:10M
	X 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER	1 YEAR IF UNDER 24 HRS
	FEMALE WHITE 02-09-80 lost birthdoy) MONTHS REMALE NOTH N	DAYS HOURS MIN
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED NEVER MARPHED 9. COUNTY OF DEATH	
	WASHINGTON D.C. U.S.A. WIDOWED DIVORCED DORCHESTER	Md.
3	AMBRIDGE 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) EASTERN SHORE STATE HOSP. HOUSEWIFE & Office Clerk	
2	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
7	MARYLAND WICOMICO SALISBURY YES NO 703 LAKESIDE DR	IVE
d	AITER'S WANTE FIRST MIDDLE LOST IS. MUTHER'S MAIDEN NAME FIRST MIDDLE	Last
	STEPHEN Francis GILL FLORENTINE	NIETZY
	NO 221-07-5678 RECORDS OF THE EASTERN SHORE STATE	as 13e. Hospital
	18. CAUSE OF DEATH (Enter anly one cause per line far.(a), (b), and (c).)	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) hermana lobar	
V	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove rise to immediate couse (a), (b)	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. 490 X (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	C 0
	Unlerws elecolic Heart disease. Organi brain disease	Jonit.
2	CAUCES OF DEATING	D IN CERTIFYING
	YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19	
	21d. INJURY OCCURRED While Nat while at work at work at work at work at work at work at work.	y State
	22a. I certify that (1) (this haspital) attended the deceased from May 131 , 1968, to Decentry, 1968,	that (I) (we) last
	saw the deceased alive an Accomed 19 68, and that in (my) (aur) apinian death accurred an the date and causes stated above, (I) (we) (did) (did nat) view the bady after death.	haur and fram the
	22b. SIGNATURE A C D T M C MED CONTROL SIGNATURE A C D T M C M C M C M C M C M C M C M C M C M	NED
	Casts 0- 15 CMC03 DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 12-9.	68
1	22d. PHYSICIAN'S 22e ADDRESS	Md
	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count	ry) (State)
	Dec. 12,1968 Onancock Cemetery Onancock	Virginia
	FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATU	RE
	HOLLOWAY & COMPANY, SALTSBURY, MARYLAND DATE DEC 16 1968 ACLIAND	es Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17515 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) ESTI-Page 0 168 3:00PM OF DEATH MATED delay and 3 partment IF UNDER 24 HRS 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR and PM3. HOURS Doy 19 68 3:00PM 70. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [WIDOWED [death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR With during mostyof working life, even if retired.) INDUSTRY give street oddress) Give 13d, INSIDE CITY EMITS? 13e. STREET AND NUMBER WITH death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 4 shauld be farwarded to the Chief Medical Examiner's Office alon odmission) STATE 13b. COUNTY YES NO pages land 2 ofter Middle 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME Middle First Lost pencil in haurs 160. WAS DECEASED EVER ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANI (Yes, no, or unknown) File within 72 = APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (0) Coronary Embolus Instant event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave Undet. (b) Coronary heart disease rise to immediate couse (a), certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) 0 SD ar remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This please execute the certificate, YES [NO DE 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry 🛣 ond in my apinion Natural causes Accident . death resulted fram: Suicide Hamicide Undetermined manner prior to b CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4 December 27, 1968 DEPUTY MEDICAL EXAMINER Race St Maryland Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Lawrence Maryandv, M. D. 50 23c. NAME OF CEMEPERY OR CREMATORY 23g_BURIAL, CREMATION, LOCATION (Gity or Town) FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 17516 HEALTH DEPT. DECEASED-NAME First Middle 20. DATE KNOWNIX Month Yeor Type or Print) BESSIE M. WHITTAKER 2, and 3 ta PM3. Page Dec. O. DEATH MATED the State Department 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD last birthday) Month Dec White Nov. 3, 1884 Female Doy 7 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, with farm country) Delaware USA DIVORCED [Dorchester haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) rastern Shore St. Hospital INDUSTRY Cambridge Housewife 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland b. COUNTY Caroline Preston YES NO Tem after 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Jane Shanon Samuel Jones 24 in 1 haurs the Chief Medical Examiner's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, po, or unknown) Records-Eastern Shore State Hospital (If yes give war or dates of service) File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Terminal Pneumonia 3days event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove (b) Fracture neck femur 3 mos. rise to immediate couse (a), any certificate should please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD or remayal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗔 pe NO X 4 should be 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY Month, Dov. Year 3 shauld PRIMARY OR CONTRIBUTING TX HOUR A.M. crematian, EXAMINER: Fell in home CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Preston. Caroline. Md Home 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry , ond in my opinion director. Accident X Suicide [death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/9/68 DEPUTY MEDICAL EXAMINER 5 m TO FUN. Health EXAMINER'S John Mace Jr. ADDRESS(Street, city, town, or county) Cambridge. Md. the BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Dec 11, 1968 Odd Fellows Cemetery Smyrna, Delaware 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 10M REV. 1/68

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